

RECORD and the number of each in

WRITE PLAINLY WITH UNFADING INK. In case of more than one child at a birth, a SEPARATE order of birth stat.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 21

Registered No. 29

### 1. PLACE OF BIRTH

County Apache State Arizona  
 District or Township Eagar or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aara Louise Haws { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplait or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Sept 2nd 1928  
 5. No., in order of birth \_\_\_\_\_ Month Day Year

8. FATHER  
 Full name Carl Leonard Haws

9. Residence (Usual place of abode) Eagar Ariz  
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Vernal Utah  
 (State or country)

13. Occupation  
 Nature of industry Farmer

14. MOTHER  
 Full maiden name Stella Wietbank

15. Residence (Usual place of abode) Eagar Ariz  
 If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Eagar Ariz  
 (State or country)

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 3 (a) Born alive and now living 3  
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0  
 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7:35 a.m. on the date above stated  
 (Born alive or stillborn.)

Signature H.A. Nichols  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Springerville Ariz

Month, day, year \_\_\_\_\_ Filed Sept 10th 1928 H.A. Nichols  
 Registrar Registrar

282-902-162